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Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

High-level meeting on HIV/AIDS

Discussion paper for the round table on human rights, gender and HIV/AIDS: to be convened by the United Nations Development Programme, the Office of the United Nations High Commissioner for Refugees, the United Nations Development Fund for Women and the Global Coalition on Women and AIDS

Summary

The present paper is aimed at stimulating discussions in the round table and should be read in conjunction with the forthcoming report of the Secretary-General on progress towards implementation of the Declaration of Commitment on HIV/AIDS.

A summary of the discussions, which are expected to be lively, open and interactive, will be conveyed to the High-level Plenary Meeting of the sixtieth session of the General Assembly in September 2005 so that it may undertake a comprehensive review of the progress made in the fulfilment of the commitments contained in the United Nations Millennium Declaration, including the internationally agreed development goals, and of the progress made in the integrated and coordinated implementation and follow-up to the outcomes of the major United Nations conferences and summits in the economic, social and related fields.

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1. Human rights violations and inequitable gender relations continue to fuel the spread of the HIV/AIDS epidemic. Men and women often face social exclusion as a result of their HIV status, hindering efforts to address the epidemic openly and effectively. Violations of rights hamper access to prevention, treatment and support services for people living with HIV/AIDS and for marginalized populations, which are particularly vulnerable to infection, including injecting drug users, commercial sex workers and men who have sex with men. Human rights infringements, whether in families, communities, workplaces or health facilities, discourage people from speaking openly about HIV, seeking information and accessing support, treatment and legal services.

2. The number of women living with HIV/AIDS is rising worldwide, and more than 60 per cent of 15- to 24-year-olds living with HIV are young women. The growing feminization of the epidemic is a reflection of social, economic and legal inequities that increase the vulnerability of women and girls to infection. Lower social status, gender stereotypes, gender-based violence and reduced access to information, education and economic opportunities disempower women and limit their ability to negotiate safer sexual relations, thereby increasing risk to infection for both men and women. Women have been at the forefront of responding to HIV/AIDS in communities, and women and girls bear the burden of providing care and support in families and communities affected by AIDS, often at the cost of educational and economic opportunities.

3. Despite the tremendous efforts of governments to achieve the Millennium Development Goals, including Goal 3, "Promote gender equality and empower women" and Goal 6, "Combat HIV/AIDS, malaria and other diseases", gender inequality continues to fuel the spread of HIV/AIDS. It is clear that if the dual and synergistic challenges of gender equality and respect for human rights are not addressed, the achievement of the Millennium Development Goals and the targets of the Declaration of Commitment on HIV/AIDS will be jeopardized.

I. Human rights and gender targets in the Declaration of Commitment on HIV/AIDS

4. In signing the Declaration of Commitment on HIV/AIDS, Member States recognized the protection of human rights and promotion of gender equality as necessary components of an effective response to HIV/AIDS, affirming that: "the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic", and that "gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS".

5. The Declaration highlights key human rights dimensions of the epidemic and sets targets that include confronting stigma and discrimination and ensuring the full participation of people living with HIV/AIDS, women and young people in the implementation of national HIV/AIDS plans. Human rights targets also focus on legislation to protect the rights and fundamental freedoms of people living with HIV/AIDS and vulnerable groups to ensure access to "education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and confidentiality".

6. The Declaration also sets gender equality targets to be achieved by 2005 that address the disproportionate impact of HIV on women and girls, including the implementation of national strategies to "promote the advancement of women and women's full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; and empower women to have control over and decide freely and responsibly on matters related to their sexuality". The Declaration also sets targets for the provision of prevention education to promote gender equality, and increased access to health services, including sexual and reproductive health, for women and girls.

7. Further, the Declaration calls on countries to "ensure development and accelerated implementation of national strategies for women's empowerment, the promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls" by 2005.

II. Progress in meeting human rights and gender targets

8. Since the adoption of the Declaration of Commitment on HIV/AIDS in 2001, progress in meeting human rights and gender targets has been disappointing. The report of the Secretary-General on the progress towards implementation of the Declaration of Commitment on HIV/AIDS (A/58/184) indicates that by 2003, nearly 40 per cent of all countries globally and almost half of those in sub-Saharan Africa had yet to adopt legislation to prevent stigma and discrimination against people living with HIV/AIDS. Moreover, few countries had adopted legislation to protect vulnerable populations from discrimination. The report highlights that, in four regions surveyed, an alarming 30 to 60 per cent of women report experiencing physical or sexual violence. In addition, across South Asia and sub-Saharan Africa, women often have limited rights to property and inheritance. National, regional and global initiatives, including the Global Coalition on Women and AIDS, have focused attention and developed strategies to address women's vulnerability and integrate gender into HIV/AIDS responses. These advances, however, need to be expanded and accelerated in order to effectively challenge the underlying causes of HIV and the spread of the epidemic.

III. Promoting key strategies to achieve human rights and gender targets

9. Despite increasing consensus on what needs to be done to meet human rights and gender targets, actions taken have not been sufficient. Responses to HIV/AIDS must apply a human rights framework and integrate gender equality concerns in order to reduce vulnerability to infection, advance prevention goals, provide equal access to treatment, care and support, and mitigate the social and economic impact of HIV/AIDS. The following strategies must guide the design, implementation and evaluation of HIV/AIDS responses at global, regional and national levels.

A. Protecting the rights of people

1. Promoting the rights of people living with HIV/AIDS

10. Stigma and discrimination against people living with HIV/AIDS and their families foster an environment of denial and silence. Protection of rights to education, employment, treatment and confidentiality for men and women living with HIV continues to be a key area for action. The challenge is to confront stigma and discrimination and create an enabling human rights environment for more open, inclusive and effective responses to the epidemic.

2. Protecting the rights of vulnerable populations

11. Groups that are marginalized or socially excluded face an increased risk of exposure to HIV infection. Failure to safeguard the rights of marginalized populations, including injecting drug users, commercial sex workers and men who have sex with men, and to provide them with HIV-related services perpetuates stigma and undermines prevention efforts. The challenge is to protect the rights of marginalized and vulnerable populations and ensure they are reached with information, prevention messages and services to limit the spread of HIV within groups and among the wider population.

3. Promoting equitable rights to property and inheritance

12. Inequitable property and inheritance rights disempower women, increase vulnerability and aggravate the impacts of AIDS. Women living with HIV and children orphaned by AIDS are often denied rights to inherit property, leaving them without shelter and without access to care, treatment and economic and educational opportunities. This situation creates new cycles of vulnerability and exploitation. The challenge is to reform legislation in order to reduce vulnerability and protect the rights of women and children, to educate women and communities on their rights and responsibilities with respect to property and inheritance and to ensure that existing legislation is enforced.

B. Promoting gender equality

1. Promoting and protecting the rights of women and girls

13. Social norms that give rise to unequal power relations between men and women reduce women's choices, opportunities and control over sexual relations. Economic dependence on men and inequities in access to information, education, health and legal services limit women's ability to protect themselves from infection. The vulnerability of women to HIV is in many cases a result of the behaviour of spouses or partners. There is an urgent need to involve women and men in addressing social norms that increase vulnerability of women; challenge harmful practices such as early or forced marriage, widow inheritance and female genital mutilation; empower women economically; and provide full access to HIV information and services, including sexual and reproductive health services.

2. Protecting young women

14. The vast majority of young people living with HIV are female, yet social norms frequently discourage education and knowledge on sexual matters for girls. Young women too regularly face exploitation and advances from older men that increase their risk of exposure to HIV. Strategies to address the particular vulnerability of young women are therefore a key priority. The challenge is to ensure that young women have access to HIV and sexual and reproductive health information, prevention methods, and economic opportunities to reduce vulnerability.

3. Ensuring equal access to treatment and care

15. Ensuring that women receive equal access to treatment and care services is a key priority for providing hope, prolonging productive lives, maintaining the integrity of families and lessening the vulnerability of children. Reduced incomes, restricted mobility and greater household responsibilities can leave women with limited opportunities for accessing services, particularly for women living in rural areas. In AIDS-affected families facing economic hardships, it is often men and not women who receive treatment. A key priority is for public health services to provide equitable treatment to women and men in urban and rural communities, and to collect disaggregated data to ensure that services equitably reach those in need.

4. Challenging gender-based violence

16. Physical abuse, coercion and sexual violence are a distressing reality for millions of women and girls across the world, including within homes and schools. Violence and domination heighten female vulnerability to HIV infection. For women living with HIV, violence and threats of abandonment are frequently the response to a positive diagnosis. The challenge is to change the norms of domination and coercion, and promote a rejection of all forms of violence, including through the advancement of the human rights of women and girls.

5. Involving men and boys in championing gender equality

17. Successfully addressing the gender dimensions of the epidemic requires involving men and boys as full partners in championing gender equality and challenging harmful practices. There is a critical need to sensitize men and boys to harmful gender dynamics, to include them as partners in the response to HIV/AIDS and to support the leadership of men who empower women and girls.

C. Reducing vulnerability

1. Reducing the vulnerability of displaced populations

18. Displaced populations, particularly women and children who are displaced as a result of conflict, emergencies or trafficking, are more likely to be marginalized and face sexual violence, exploitation and dislocation from support networks and services. The challenge is to ensure that HIV information as well as prevention, support and treatment services reach displaced populations.

2. Preventing the trafficking of women, girls and boys

19. Trafficking places women, girls and boys in high-risk situations in which decisions about sex are out of their control. Often forced into a form of sexual servitude, they are stripped of their rights to negotiate safe sex or protect themselves from violence, thereby increasing vulnerability to HIV. The challenge is to ensure a rights-based approach that not only addresses the nexus of vulnerability and sexual exploitation but also confronts the burgeoning global business of trafficking.

D. Mitigating social and economic impacts

1. Lessening the burden of care

20. Women and girls bear the added responsibility of providing care and support in families and communities affected by AIDS. This responsibility comes at a high cost, often reducing educational and economic choices and opportunities for women and girls. The pressing challenges are to recognize and support the caregiving roles of women in communities and households, to ensure they have the information and resources required for caregiving and to encourage men and boys to share the responsibility of providing care.

2. Ensuring food security for families affected by HIV/AIDS

21. HIV/AIDS erodes food security as a result of debilitating illness, shrinking household incomes and assets, and increasing the cost of caring for the ill. In families affected by AIDS, women in particular are often forced to abandon or delay farming activities to care for family members or to engage in wage labour to cover medical expenses or purchase food. In other instances, as family members fall ill, households shift from multi-cropping systems that include cash crops, to less labour-intensive subsistence farming, jeopardizing their food security. In addition, gender biases in food distribution can leave women and girls more susceptible to decreased household food availability. A key challenge, therefore, is to implement integrated responses to address HIV/AIDS, food security and gender inequality.

3. Ensuring resources reach women

22. A key area for action is ensuring that resources to respond to HIV/AIDS are targeted at implementing strategies that address the gender dimensions of the epidemic and reach women. There is an urgent need for leadership and political will to ensure that programmes specifically reaching out to women are included in national AIDS strategies and that these strategies are adequately budgeted.

E. Ensuring full participation

Ensuring full participation of people living with HIV/AIDS

23. While the visibility of people living with HIV/AIDS has notably increased at national, regional and global levels, the challenge is to ensure that the development and implementation of HIV/AIDS plans involve the full participation of the women and men who are most directly impacted by HIV. It has been shown that where people living with HIV/AIDS take the lead in the response to the epidemic, the effects are far-reaching and more sustainable. It is thus a priority that networks and

organizations of people living with HIV, including HIV-positive women's groups and networks, be strengthened to facilitate full participation.

IV. Moving from commitment to action

24. Moving from commitment to action and strengthening national and global efforts to improve access to prevention, care and treatment services are priorities for achieving targets set in the Declaration of Commitment. To this end, the key questions to be addressed are what actions must be taken and by whom, in order to:

(a) **Promote bold, forthright political leadership to speak openly about the need to challenge the spread of HIV/AIDS and to ensure that national policies build a compassionate response that reaches and addresses the needs of all affected sectors of society;**

(b) **Eliminate stigma and discrimination and create an enabling environment for protecting the rights of people living with HIV/AIDS;**

(c) **Ensure greater involvement by people living with HIV/AIDS and women in policy and decision-making processes and in implementation and monitoring of programmes (including participation in national AIDS councils, country coordinating mechanisms of the Global Fund to fight AIDS, Tuberculosis and Malaria and implementing bodies);**

(d) **Promote national legislation that protects the rights of women and children and supports governments and civil society taking action to bridge the gap between law and practice;**

(e) **Eliminate all forms of violence against women and girls, including sexual violence, rape and trafficking and challenge harmful practices such as early or forced marriage and female genital mutilation;**

(f) **Protect the rights of vulnerable and displaced populations and enable groups to be reached with information, prevention messages and services to limit the spread of HIV;**

(g) **Promote equal access to treatment and care and ensure that treatment programmes are affordable, flexible and adaptable;**

(h) **Recognize and provide support to caregivers to ensure they have the information and resources to improve community-based care and to lessen the burden of care on women and girls;**

(i) **Actively engage men and boys in challenging harmful gender dynamics, including violence and discrimination, and in sharing the responsibilities of caregiving;**

(j) **Provide all necessary resources to programmes that respond to the specific needs of women of all ages.**